

INDIVIDUAL CONTRACT ACTION REPORT (OVER \$25,000)						REPORT CONTROL SYMBOL			
<b>PART A</b>	<b>A1. TYPE OF REPORT</b> <input type="checkbox"/> Original <input type="checkbox"/> Cancelling <input type="checkbox"/> Correcting	<b>A2. REPORT NO.</b>	<b>A3. CONTRACTING OFFICE CODE</b>	<b>A4. NAME OF CONTRACTING OFFICE</b>					
<b>PART B</b>	<b>B1. CONTRACT NUMBER</b>	<b>B2. MOD. ORDER OR OTHER ID NUMBER</b>		<b>B3. ACTION DATE (YYMMDD)</b>	<b>B4. COMPLETION DATE (YYMMDD)</b>				
<b>B5. CONTRACTOR IDENTIFICATION INFORMATION</b>		<b>B5A. ESTABLISHMENT CODE</b>		<b>B5B. CAGE CODE</b>					
<b>B5C. CONTRACTOR NAME AND DIVISION NAME</b>				<b>B5D. CONTRACTOR ADDRESS (Street, City, State, Zip Code)</b>					
<b>B5E. TIN</b>		<b>B5F. PARENT TIN</b>		<b>B5G. PARENT NAME</b>					
<b>B6. PRINCIPAL PLACE OF PERFORMANCE</b>		<b>B6A. CITY OR PLACE CODE</b>		<b>B6B. STATE OR COUNTRY CODE</b>		<b>B6C. CITY OR PLACE / STATE OR COUNTRY NAME</b>			
<b>B7. TYPE OBLIGATION</b> <input type="checkbox"/> 1 Obligation <input type="checkbox"/> 2 Deobligation		<b>B8. TOTAL DOLLARS (Enter whole dollars only)</b>		<b>B9. FOREIGN MILITARY SALE</b> <input type="checkbox"/> Y Yes <input type="checkbox"/> N No		<b>B10. MULTIYEAR CONTRACT</b> <input type="checkbox"/> Y Yes <input type="checkbox"/> N No			
<b>B11. TOTAL MULTIYEAR VALUE (Enter whole dollars only)</b>		<b>B12. PRINCIPAL PRODUCT OR SERVICE</b>		<b>B12A. FSC OR SVC CODE</b>		<b>B12B. DOD CLAIMANT PROG. NO.</b>			
<b>B12C. SYSTEM OR EQUIP CODE</b>		<b>B12D. SIC CODE</b>		<b>B12E. NAME / DESCRIPTION</b>					
<b>B13. KIND OF CONTRACTING ACTION</b> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;">           1 Initial Letter Contract            2 Definitive Contract Superseding Letter Contract            3 Definitive Contract            4 Order Under DoD BOA         </td> <td style="width: 33%; vertical-align: top;">           5 Order Under DoD Contract            6 Order/Modification Under Federal Schedule            7 Order Under Another Agency's Contract            8 Action With Another Federal Agency         </td> <td style="width: 33%; vertical-align: top;"> <b>MODIFICATION</b>            A Additional Work (new agreement)            B Additional Work (other)            C Funding Action            D Change Order            E Termination for Default            F Termination for Convenience            G Cancellation         </td> </tr> </table>							1 Initial Letter Contract 2 Definitive Contract Superseding Letter Contract 3 Definitive Contract 4 Order Under DoD BOA	5 Order Under DoD Contract 6 Order/Modification Under Federal Schedule 7 Order Under Another Agency's Contract 8 Action With Another Federal Agency	<b>MODIFICATION</b> A Additional Work (new agreement) B Additional Work (other) C Funding Action D Change Order E Termination for Default F Termination for Convenience G Cancellation
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<b>PART C (Do Not Complete This Part If Item B9 Above is Coded Y or If Item B13 is Coded 8)</b>									
<b>C1. SYNOPSIS</b> <input type="checkbox"/> Y Yes <input type="checkbox"/> N No		<b>C2. REASON NOT SYNOPSIS</b> <input type="checkbox"/> A Urgency <input type="checkbox"/> B Other than Urgency		<b>C3. EXTENT COMPETED</b> <input type="checkbox"/> A Competed <input type="checkbox"/> B Not Available for Competition <input type="checkbox"/> C Follow on to Competed Action <input type="checkbox"/> D Not Competed		<b>C4. COMPETITIVE CHARACTERISTICS</b> <input type="checkbox"/> A Price Competitive <input type="checkbox"/> B Design/Technical Competitive <input type="checkbox"/> C Follow on After Price Competition <input type="checkbox"/> D Follow on After Design/Technical Competition <input type="checkbox"/> E Non-Competitive - Catalog or Market Price <input type="checkbox"/> F Non-Competitive - Other			
<b>C5. TYPE OF CONTRACT</b> <input type="checkbox"/> A Fixed Price Redetermination <input type="checkbox"/> J Firm Fixed Price <input type="checkbox"/> K Fixed Price Economic Price Adjustment <input type="checkbox"/> L Fixed Price Incentive <input type="checkbox"/> R Cost Plus Award Fee <input type="checkbox"/> S Cost Contract <input type="checkbox"/> T Cost Sharing <input type="checkbox"/> U Cost Plus Fixed Fee <input type="checkbox"/> V C/PF <input type="checkbox"/> Y Time and Materials <input type="checkbox"/> Z Labor Hours				<b>C6. NUMBER OF OFFERORS SOLICITED</b> <input type="checkbox"/> 1 One <input type="checkbox"/> 2 More than one		<b>C7. NUMBER OF OFFERS RECEIVED</b> <input type="checkbox"/> 1 One <input type="checkbox"/> 2 More than one			
<b>C8. SOLICITATION PROCEDURES</b> <input type="checkbox"/> A Full & Open Competition - Sealed Bid <input type="checkbox"/> B Full & Open Competition - Competitive Proposal <input type="checkbox"/> C Full & Open Competition - Combination <input type="checkbox"/> D Architect - Engineer <input type="checkbox"/> E Basic Research <input type="checkbox"/> F Multiple Award Schedule <input type="checkbox"/> G Alternate Source - Reduced Cost <input type="checkbox"/> H Alternate Source - Mobilization <input type="checkbox"/> J Alternate Source - Eng/R&D Capability <input type="checkbox"/> K Set Aside <input type="checkbox"/> M Otherwise Authorized by Statute <input type="checkbox"/> N Other than Full & Open Competition				<b>C9. AUTHORITY FOR OTHER THAN FULL &amp; OPEN COMPETITION</b> <input type="checkbox"/> 1A Unique Source <input type="checkbox"/> 3A Mobilization <input type="checkbox"/> 1B Follow-on Contract <input type="checkbox"/> 3B Essential R & D Capability <input type="checkbox"/> 1C Unsolicited Research Prop <input type="checkbox"/> 4A International Agreement <input type="checkbox"/> 1D Patent/Data Rights <input type="checkbox"/> 5A Authorized by Statute <input type="checkbox"/> 1E Utilities <input type="checkbox"/> 5B Authorized Resale <input type="checkbox"/> 1F Standardization <input type="checkbox"/> 6A National Security <input type="checkbox"/> 1G Only One Source - Other <input type="checkbox"/> 7A Public Interest <input type="checkbox"/> 2A Urgency					
<b>C10. SUBJECT TO LABOR STANDARDS STATUTES</b> <input type="checkbox"/> A Walsh - Healey Act, Manufacturer <input type="checkbox"/> C Service Contract Act <input type="checkbox"/> D Davis - Bacon Act <input type="checkbox"/> B Walsh - Healey Act, Dealer <input type="checkbox"/> Z Not Subject to Above				<b>C11. COST OR PRICING CERTIFICATE</b> <input type="checkbox"/> Y Yes, Obtained <input type="checkbox"/> N No, Not Obtained <input type="checkbox"/> W Waived		<b>C12. CONTRACT FINANCING (Progress Payments (PP) or Advance Payments (AP))</b> <input type="checkbox"/> A DFARS Clause 52.232-7007 or FAR Clause 52.232-16 <input type="checkbox"/> D Percentage of Completion PP <input type="checkbox"/> B DFARS Clause 52.232-7004 <input type="checkbox"/> Z Unusual PP or AP <input type="checkbox"/> None of the Above			
<b>C13. FOREIGN TRADE DATA</b>		<b>C13A. NUMBER OF OFFERORS</b>		<b>C13B. BUY AMERICAN ACT PERCENT DIFFERENCE</b>		<b>C13C. PLACE OF MANUFACTURE</b> <input type="checkbox"/> A U.S. <input type="checkbox"/> B FOREIGN			
<b>C13D. COUNTRY OF ORIGIN CODE</b>									
<b>PART D (Do Not Complete This Part If Item B9 Above is Coded Y, or If Item B13 is Coded 6 or 8)</b>									
<b>D1. TYPE OF BUSINESS (Make one selection)</b> <input type="checkbox"/> A Small Disadvantaged Business Performing in U.S. <input type="checkbox"/> B Other Small Business Performing in U.S. <input type="checkbox"/> C Large Business Performing in U.S. <input type="checkbox"/> D Workshop for the Blind or Other Severely Handicapped <input type="checkbox"/> F Hospital <input type="checkbox"/> L Foreign Concern/Entity <input type="checkbox"/> M Domestic Firm Performing Outside U.S. <input type="checkbox"/> N Historically Black Colleges & Universities or Minority Institutions (HBCU/MI) <input type="checkbox"/> P Other Educational <input type="checkbox"/> Z Other Nonprofit				<b>D2. REASON NOT AWARDED TO SMALL DISADVANTAGED BUSINESS (SDB)</b> <input type="checkbox"/> A No Known SDB Source <input type="checkbox"/> B SDB Not Solicited <input type="checkbox"/> C SDB Solicited, No Offer <input type="checkbox"/> D SDB Solicited, Offer Not Low <input type="checkbox"/> Z Other Reason		<b>D3. REASON NOT AWARDED TO SMALL BUSINESS (SB)</b> <input type="checkbox"/> A No Known SB Source <input type="checkbox"/> B SB Not Solicited <input type="checkbox"/> C SB Solicited, No Offer <input type="checkbox"/> D SB Solicited, Offer Not Low <input type="checkbox"/> Z Other Reason			
<b>D4. PREFERENCE PROGRAM</b>		<b>D4A. TYPE OF SB SET-ASIDE</b> <input type="checkbox"/> A None <input type="checkbox"/> B Total SB Set-Aside <input type="checkbox"/> C Partial SB Set-Aside <input type="checkbox"/> D Combined SB / Labor Surplus Area Set-Aside <input type="checkbox"/> E Total SDB Set-Aside		<b>D4B. TYPE OF SDB SET-ASIDE/SDB PREFERENCE</b> <input type="checkbox"/> A None <input type="checkbox"/> B Section 8(A) <input type="checkbox"/> C Total SDB Set-Aside <input type="checkbox"/> D SDB Evaluation Preference-Unrestricted <input type="checkbox"/> E SDB Preferential Consideration-Partial SB Set-Aside		<b>D4C. HBCU/MI SET-ASIDE</b> <input type="checkbox"/> A None <input type="checkbox"/> B HBCU or MI - Total Set-Aside <input type="checkbox"/> C HBCU or MI - Partial Set-Aside			
<b>D4D. OTHER PREFERENCE PROGRAM</b> <input type="checkbox"/> A Directed to Workshops <input type="checkbox"/> B Partial Labor Surplus Area (LSA) Set-Aside <input type="checkbox"/> C Tie-Bid LSA Preference <input type="checkbox"/> Z None of the Above		<b>D4E. PREMIUM PERCENT</b>							
<b>D5. ETHNIC GROUP</b> <input type="checkbox"/> A Asian-Indian American <input type="checkbox"/> F Other <input type="checkbox"/> B Asian-Pacific American <input type="checkbox"/> Certified <input type="checkbox"/> C Black American <input type="checkbox"/> Z No Representation <input type="checkbox"/> D Hispanic American <input type="checkbox"/> E Native American		<b>D6. WOMEN OWNED SMALL BUSINESS</b> <input type="checkbox"/> Y Yes <input type="checkbox"/> N No <input type="checkbox"/> U Uncertified		<b>D7. SMALL BUSINESS INNOVATION RESEARCH (SBIR) PROGRAM</b> <input type="checkbox"/> A Not a SBIR Phase I / II <input type="checkbox"/> B SBIR Program Phase I Action <input type="checkbox"/> C SBIR Program Phase II Action		<b>D8. SUBCONTRACTING PLAN - SB, SDB, OR HBCU/MI</b> <input type="checkbox"/> A Plan Not Included <input type="checkbox"/> C Plan Required, Incentive Not Included <input type="checkbox"/> B Plan Not Required <input type="checkbox"/> D Plan Required, Incentive Included			
<b>PART E (FOR DEPARTMENTAL USE)</b>									
<b>E1</b>		<b>E5</b>							
<b>E2</b>		<b>E6</b>							
<b>E3</b>		<b>E7</b>							
<b>E4</b>		<b>E8</b>							
<b>PART F</b>									
<b>F1. NAME OF CONTRACTING OFFICER OR REPRESENTATIVE</b>				<b>F2. SIGNATURE</b>		<b>F3. TELEPHONE NO.</b>			
						<b>F4. DATE (YYMMDD)</b>			